FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

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OMB	Numb	er:	32	35-	0076
Expire	s:				
Estima	ated a	vera	ge bu	rder	า
hours	per re	SDO	nse	1	6.00

SEC USE ONLY					
Prefix	Serial				
	<u> </u>				
DATE R	ECEIVED				
. *	•				

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	Single
Corsaires Total Return, LLC Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6 Type of Filing: New Filing Amendment) Ducoe
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	(C) 500
	- W 18 / 6
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Corsaires Total Return, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
650 N. High Point Road, Madison, Wisconsin 53717	(608) 833-7793
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Jack Ling Area Code)
Brief Description of Business	@ED 0 7 9668
Investment in Securities	SEP U / ZUDE
business trust limited partnership, to be formed 11	(please specify): FINANCIAL mited liability company
Actual or Estimated Date of Incorporation or Organization: O 6 O 6 O 6 O 6 O 6 O 6 O 6 O 6 O 6 O	imated ic: WIT
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering	
and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 2	0549,
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	lly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only repthereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim f accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
Failure to file notice in the appropriate states will not result in a loss of the federal appropriate federal notice will not result in a loss of an available state exemption unfilling of a federal notice.	
SEC 1972 (6-02) Persons who respond to the collection of information contained required to respond unless the form displays a currently valid O	

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Promoter Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) 2nd Market Capital Services Corporation, Attn:/ Ross T. Bowler Business or Residence Address (Number and Street, City, State, Zip Code) 650 N. High Point Road, Madison, WI 53717 Check Box(es) that Apply: Promoter | Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: General and/or Promoter Beneficial Owner Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	in the second		4 # 1	B. II	VFORMAT	ON ABOU	T OFFERI	NG		8	165 Feb.	Sulfaces o
	:1d							alain afficial	?		Yes	No
1. Has the	issuer sold,	, or ducs in		i .	ir, to non-a Appendix,				_	*******	Z	
2. What is	the minimu	ım investm			-		_				s 25,0	00.00
-, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				00 4000	prou nom s	,		***************		***************************************	Yes	No
3. Does th	c offering p	ermit joint	ownershi	p of a sing	le unit?		••••••••••				R	
	e informati sion or simi											
If a pers	on to be list	ed is an ass	ociated pe	rson or age	nt of a brok	er or deale	r registered	l with the S	EC and/or	with a state		
	s, list the nar r or dealer,								ciated pers	ons of such		
Full Name (I												
Benjamin D				!				<u> </u>				
Business or					ity, State, Z	(ip Code						
Name of Ass				- 01002						·		
FFP Securit	ties, Inc.											
States in Wh				1								
(Check	"All States'	" or check i	individual	States)			**************	·	••••••••	••••••	□ VI	States
AL	[AK]	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[ID]
W.	DX.	IA	(KS)	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	[NH]	NJ	NM	NY	NC NC	ND	QH	OK)	OR	PA
RI	SC	SD	[TN]	[TX]	UT	VT	[VA]	WA	WV	WI	WY	PR
Full Name (Last name f	īrst, if indi	vidual)	1				-				
Business or	Decidence	Addraca ()	lumber on	d Street C	in State	Zin Coda)						
Dusiness of	Residence	Addiess (iv	AUIIIDEI AII	u street, c	ity, State, a	Lip Couc)						
Name of Ass	sociated Bro	oker or Dea	aler				····					
States in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		*****				
	"All States'							*********	***************	**************	□ AI	States
											~	
[AL]	(AK)	(AZ)	(KS)	(CA)	(CO)	[CT]	MD	MA	[FL]	(GA)	MS	MOI
MT	NE)	NV	NH	[K]	NM	NY	NC	ND	OH	OK)	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name (Last name f	irst, if indi	vidual)									
				:			·		·~		····	
Business or	Residence	Address (N	Number an	d Street, C	City, State,	7.ip Code)						
Name of Ass	sociated Bro	oker or Dea	aler		· · · · · · · · · · · · · · · · · · ·							··
States in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		•				· · · · · · · · · · · · · · · · · · ·
(Check	"All States"	" or check	individual	States)	.,						☐ AI	l States
AL	AK	ΑZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	(ID)
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV [ED]	NH	NI	NM	NY (V T)	NC)	ND	OH)	OK.	OR	PA
RI	SC	SD	TN	TX	UT	[VT]	V٨	WA	[WV]	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or '	ties included in this offering and the total amount aiready "zero." If the transaction is an exchange offering, check we the amounts of the securities offered for exchange and		
	Type of Security	İ	Aggregate Offering Price	Amount Already Sold
	Deht		S	\$
	, .	Common Preferred		
	Convertible Securities (including warran	16)	s	s
				\$
	Other (Specify LLC Membership Inte	rests Up to	2,000,000.00	450,600.00
		Column 3, if filing under ULOE.	<u> </u>	
2.	Enter the number of accredited and non-ac offering and the aggregate dollar amounts o	credited investors who have purchased securities in this of their purchases. For offerings under Rule 504, indicate sed securities and the aggregate dollar amount of their		
			Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	!	3	S_135,000.00
	Non-accredited Investors	;	8	§ 315,600.00
	Total (for filings under Rule 5	04 only)		S
	Answer also in Append	dix, Column 4, if filing under ULOE.		
3.	sold by the issuer, to date, in offerings of th	4 or 505, enter the information requested for all securities ne types indicated, in the twelve (12) months prior to the ssify securities by type listed in Part C — Question 1.		
	Type of Offering		Type of Security	Dollar Amount Sold
	Rule 505			\$
	Regulation A	,		\$
	Rule 504			\$
	Total	· · · · · · · · · · · · · · · · · · ·		\$_0.00
4	securities in this offering. Exclude amoun	in connection with the issuance and distribution of the ts relating solely to organization expenses of the insurer. future contingencies. If the amount of an expenditure is the box to the left of the estimate.		
	Transfer Agent's Fees			s
	Printing and Engraving Costs			\$ 1,200.00
	Legal Fees	1		\$ 5,000.00
	Accounting Fees	i		\$ 1,200.00
	-			\$ 0.00
	Sales Commissions (specify finders'	Up to 3% of Gross Offeri	.ng	\$ 60,000.00
	Other Expenses (identify) Rep Instr	uction		s 1,000.00
			<u>ت</u>	\$ 68,400.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS :		
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	S	\$1,931,600.00	
	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	ì		
		Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees	\$	s	
	Purchase of real estate	s	. 🗆 s	
	Purchase, rental or leasing and installation of machinery and equipment			
	Construction or leasing of plant buildings and facilities	\$	s	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)			
	Repayment of indebtedness	\$. D\$	
	Working capital	_		
	Other (specify): Portfolio Investment	□ \$	s 1,931,600.0	
	Column Totals	\$ 0.00	1 ,931,600.	
	Total Payments Listed (column totals added)	_		
	Ď. FEDERAL SIGNĀTŪRE		477	
ig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Committee information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ission, upon writte	ule 505, the following en request of its staff	
SS	uer (Print or Type) Signatore	Date	1.1.	
	orsaires Total Return, LLC	8/	23/2006	
C				
_	me of Signer (Print or Type) Title of Signer (Print or Type)			

- ATTENTION -

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)